PTC/SB/06 (12-04)
Approved for use through 7/31/2006. OMB 0651-0032
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PATEN	IT APPLICATION F		N RECORD	n uniess it disp Andi	lays a valid OME	countral transper
		for Form PTO-875			.U.I 7	700.
APPLICATION AS FILED - (Column 1)		PART I (Column 2) SMALL ENTITY		Y OR	OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA	RATE (5) FEI	E (\$)	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))					1	300
SEARCH FEE (37 OFR 1.18(k), (1), or (m))						200
EXAMINATION FEE (37 CFR 1.18(o), (p), or (q))						
TOTAL CLAIMS (37 CFR 1.16(i))	21 minus 20 =		x =	-	 	1400
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 •		 	OR	X =	120
If the specification and dr		drawings exceed 100	X -		× -	850
APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each						
(37 CFR 1.16(s)) additional 50 sheets 35 U.S.C. 41(a)(1)(r fraction thereof. See				 -
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						
					L	19 (1)
If the difference in column 1 is less than zero, enter 'O' in column 2. TOTAL					TOTAL	1150
APPLICATION AS AMENDED - PART II						
9-19-0 5 (Column 1) (Column 2) (Column 3)		SMALL ENTIT	OR OR	R OTHER THAN SMALL ENTITY		
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<u> </u>	ENDMENT P.	EVIOUSLY EXTRA AID FOR	TION SEE	IAI I		TIONAL FEZ (\$)
Total profit (1.160))	21 Minus -	21 0	х -	OR	х =	
O Independent 97 OFR 1.18(h))	7 Minus ···	7 0	x /	OR	×	
Application Size Fee (37 CFR 1:16(s))				□ ‴		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160)				OR		
1 ~ ~ 1			TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE	
GCotumn 2) (Cotumn 3)						-
	CLAIMS H	IGHEST UMBER PRESENT	RATE (\$) ADI	,,	DATE :=	
w	AFTER PRE	EVIOUSLY EXTRA	TION FEE	IAL	RATE (\$)	ADDI- TIONAL
Total To	27 Minus -	21 12	x =	OR	x 50.	(a()()
Independent •	Minus ***	7 -3	x -		× 260	100
Application Size Fee (37 CFR 1.16(s))				OR	<u>,000</u>	600
FIRST PRESENTATION		OR				
	•		TOTAL ADD'L FEE	OR	TOTAL ADD'L FEE	1200
* If the entry in column 1 is less than the entry in column 2 wells 37 in column 3						
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".						

If the Highest Number Previously Paid For' (Total or Independent) is the highest number tound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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